

Crisis interventional efforts among sex workers in Tamilnadu

Dr. R. Lakshmi Bai

Project Director, Tamilnadu AIDS Initiative (TAI), VHS, Adyar, TTTI Post, Chennai 600113, INDIA

lakshmbaitai@gmail.com

ABSTRACT:

Tamilnadu AIDS Initiative (TAI) implements program among 36000 women who were vulnerable to sex trade in 13 districts. Rapid assessment study in year 2007 captured the proportion of women reporting violence 52% physical, 72% emotional and 15% social trauma. The crisis interventional effort was done by the community based organization (CBO) TAI Vizhudugal. The women were educated to report to the CBO when they were faced with crisis such as violence – physical, emotional and social aspects for amelioration. The 16 CBOs were trained to redress the individual crisis through the program entitled “TAI Arachimani” (Redressal Bell). The victim of the crisis underwent various psychological and physical traumas. Voluntary leaders from the CBO were trained to give crisis intervention and implement the intervention. TAI conducted annual behavior surveillance survey (BSS) among women who were vulnerable to sex trade. The sample size of women was 3200 for every year for the study. Sampling frame work was conducted in the districts and sampling sites were selected. Respondent driven sampling methodology with structured and pre tested questionnaire was used. The trend among women who reported that they were educated on crisis intervention was 73.3% in the year 2007 which increased to 97.4% in the year 2010. The trend of those who were benefited by crisis intervention was 10.3% in the year 2007 which increased to 34.6% in 2010. Normalization of women who were hard to reach required redressing their crisis and violence.

Key words: TAI Vizhudugal (name of the CBOs), BSS (behavior surveillance survey), Arachimani (redressal bell).

INTRODUCTION

Women who are vulnerable to sex trade are challenged with crisis and violence in their everyday life. The major perpetrators of violence include the clients, husbands/live-in partners, and power structures. Rights based movements advocate that sex workers should have fair treatment before cultural forces, legal and their living environment [1]. This women lack social and moral approval and highly vulnerable to various forms of violence [2]. They are subject to physical violence by power structures (local gundas) and many of them lean on support of muscle of men who exploit them in the sex trade. These men are usually the brokers who facilitate them in the sex trade. These women are caught by people who have power over their daily lives. To site few violence against them from the group are - forcefully taking away money from them, force them for unsafe sexual behavior, emotional blackmailing, etc. The next in line who inflict pain to these women are their clients. The common physical violence are putting cigarette buds on their body, humiliating them in sexual behavior, forcing them for unsafe sex etc. It is not only in Tamilnadu that these women face violence but in other parts of region also, the problems of these vulnerable women remain common. A study with these women in Rajamundri district of Andhra Pradesh reported that “they [sex workers] have high exposure to violence – 42% reported being beaten, threatened or force to have sex in the past six months by their intimate partners of clients” [3]. Violence manifest because of the stigma and discrimination experienced by these vulnerable women. They are subject to blame, labeling, disapproval and discriminated treatment [4]. The perpetrators of violence believe that these women will subject themselves without retaliating because of the stigma and absence of agencies and support bodies to help them out. Majority of these women considers

violence normal and part of their lives and job, and they do not have access to information about rights to live as a normal human being [5]. One of the sex worker stated that “we are often under tremendous stress being exposed”. She also adds when the clients forces for “unsafe sex we get affected not only physically but also psychologically”. The TAI a project of Bill and Melinda Gates Foundation (BMGF) which implemented health prevention programs considered that it is important to implement crisis intervention programs as a complimentary program to the health intervention. It is important to have at the prime that self-esteem of an individual plays a vital role in taking care of the individuals’ health. The women who are vulnerable to sex trade have low self-esteem since they are tortured in the living environment and also carry guilt feeling in them. In addition to the violence which they face in daily life they also develop greater risks of violence offending and hostility. Given this context and the information which was available with the project, the TAI developed comprehensive initiative to redress the violence faced by the women who vulnerable to sex trade needing crisis intervention. The initiative focused on psychological needs, physical needs and redressal needs of the women. The positive assumption which the initiative had was decreased in violence against these women and also the women rising up against violence. The behavior surveillance survey was used as a tracking tool to monitor the initiative. This paper showed the changing behavior trends among the women as a result of crisis intervention initiative.

OBJECTIVES:

They were

- i. Increasing the knowledge of the crisis intervention services among the women who are vulnerable to sex trade.
- ii. Incidence of violence against the women who are vulnerable to sex trade handled and redressed at the local district level.
- iii. Tracking the trends increase in knowledge and behavior change among the women who are vulnerable to sex trade.

METHODS:

DESIGN:

The crisis intervention was launched in the year 2006 in 13 districts of Tamilnadu which has population of 36,000 women who were vulnerable to sex trade [6]. Sixteen Community based organizations named TAI Vizhudugal executed the initiative. The TAI contracted external agency to conduct annual Behavior Surveillance Survey. The survey captured many indicators to track behavior change to monitor the project initiatives. The design sample, methodology for the survey was designed by the TAI.

SAMPLE:

The sample size in the year 2007 was N=2399, in the year 2008, in the year N=4488, in the year 2009, in the year N=2500 and in the year 2010 N=3198. The survey was conducted in 8 districts of Tamilnadu in the year 2007 and year 2009. However, the survey was conducted in 13 districts in the year 2008 and 2010. The districts where the survey was conducted includes - Coimbatore, Salem, Madurai, Dharmapuri, Krishnagiri, Thiruvallur, Vellore, Tanjore, Namakkal, Dindigul, Theni, Karur and Erode. The survey captured the socio-demographical variables of the respondents such as age, education, marital status, literacy level and the indicators to track trends in knowledge and behavior change. The indicators which were measured for this initiative were as below:

- Exposure to individual education on the crisis intervention – TAI Arachimani. (proportion of respondent reporting exposure to individual education in the last one year).

-Exposure to the services of the crisis intervention (proportion of respondents who ever benefited by the crisis intervention in the last year).

The operation definition of the group which was surveyed, - women who were vulnerable to sex trade (sex workers) women above 18 years of age and engaged in sex either full time or part time, as means of living during the past 3 months.

MEASURES:

Structured and pre-tested questionnaire was used for the annual survey. The entire questionnaire was

translated and translated back to the regional language and English. The investigator for the survey was trained to understand the technique of interviewing and eliciting most authentic information from the respondents. The investigators had to be sensitive and alive to issues to be discussed with the respondents. The survey captured the following information and indicators. Demographic characteristic and the broad indicators are exposure to intervention, knowledge level, behavior indicators, perception of risk, and enabling environment. The salient indicator for tracking the crisis intervention initiative is alone presented in this paper. The structured questionnaire had 17 questions to capture the behavior indicator, and knowledge indicator pertaining to the crisis intervention. The questionnaire started with informed consent format and data on demographic characteristic of the respondents.

INTERVENTION:

Social stigma, discrimination, intimidation, coercion and harassment and sexual violence are the common kinds of violence which these women face in general. Experiences of violence affect the women who are vulnerable to sex trade in their cultural and economic settings [7, 8]. Violence by police [9, 10], anti-social elements (gangs or thugs), brokers or other ‘managers’ [11, 12], and intimate partner violence are often reported [13]. The conditions of coercion, force and violence may be closely related to human trafficking [14]. Crisis response management wing was set up in all the community based organization in the 13 districts. Set of capacity building trainings was given to 16 crisis response wing. The wing comprised community members who volunteered to execute the initiative. The method for accessing the service by a victim is as below:

The victim reported to the local community leader called as community link workers or access the hotline which was managed by the CBO. The CBO initiates acted quickly after analysis of the victims’ crisis. They looked forward for evidence and also eliminated illegal reporting like involvement in thefts, robbery, trafficking, etc. While analysis and evidence was collected by the team, care was taken to ensure the emotional, psychological, and physical needs of the victim. The emotional needs were redressing the depression, fear and anxiety, and psychological traumas like suicidal thoughts, crying, self-harming, etc. The trained counselor assisted the crisis response team to give crisis counseling. The team also had support of local lawyers. The CBO in their outreach work with the women explained the benefit of accessing this service and educated on the basic rights. The crisis response team leaned on the support of political leaders, police, and advocates. They were trained on methods to advocate for crisis intervention.

Temporary short stay home was also available with the CBO and when long term short stay home were required, they were referred to other organizations. The total number of cases redressed till date was around 2781. The annual behavior surveillance survey was conducted to understand the increasing knowledge of the women who were vulnerable to the sex trade and the proportion who had used the crisis intervention services.

DATA AND STATISTICAL ANALYSIS

Two sources of data were used to understand the process and the impact of the initiative. The first source of data was computerized information system which was available in the CBO and the second was Behavior Surveillance Survey.

Software package was developed by the TAI for managing the data by Computerized management of information system (CMIS). The data were entered from the field formats and validated by cross checking the entries and the field records. The data were consolidated and analysis was done on the core indicators.

In behavior surveillance survey the following methods were used for managing and analysis of the data. The double entry - data entry method had been used with two independent data entry operators using preprogrammed software. The data were checked for logical errors and then it was exported to SPSS and analysis was done for bivariate and multivariate analysis.

RESULTS AND DISCUSSION

The paper uses two data sources to explain the crisis intervention at the grass root level and the impact of the crisis intervention.

The first set of data source is from the performance of the CBOs captured in the CMIS every month at district level and consolidated at the project level. The second set of data source is from the Behavior Surveillance Survey (BSS).

The total number of women who were benefited by the crisis response intervention in the last 4 years was 2781 (data source – CMIS). The mean age of the women who were exposed to violence was 33 years. The educational levels were 53.5% educated below 5th standard, 30.2% educated till 10th standard, and the rest got educated more than 10th standard.

The trend in reporting of violence among the women is in *figure 1* (source – CMIS).

The percentage of women who reported violence declined over time from 2.5% to less than 1% by 2011.

It was high in the year 2009, (1015). The visible advocacy efforts of the CBOs for these unreached women could be reason for decline. Further the perpetrators of violence became aware of the crisis intervention and the women getting empowered.

The trends and distribution of perpetrators of violence among cases reported by the women 2007 to 2011 are in *figure 2, 3, 4* (source – CMIS). The three common perpetrators of violence towards these women were police, husbands or live- in partners and the power brokers.

The trend showed the violence inflicted by police had decreased over the year. However, the violence by their partners had increased from 7% to 16%.

In the power brokers, it was from 21% to 17%. This data clearly showed that efforts had to be taken intensively to reduce the violence inflicted by the husband and partners. The women did not access the crisis service when their husbands/partners inflicted pain for the simple reason that she required social acceptance and her management of life became hard without male partner. It was not possible for these women to get even a house on rent to live without a male partner. The situation was exploited by the husband or the partner as result in lack of disclosure about violence perpetrated by their husbands or partners.

The data in the figure indicated a significant decline over time in violence perpetuated by the police and by the power structures. The distribution of the perpetrators was calculated out of the total cases of violence occurred in a given period.

Trend on two indicators from behavior surveillance survey is in *figure 3 & 4*. The mean age of the women in the last round was 33.3 years. The median age of respondents in six years of behavior surveillance survey was 32 years. 74% had basic literacy skill of reading and writing.

The awareness of crisis intervention had steadily increased from 73.3% to 97.4%. The effort to create the awareness among the women was successful.

Among those women who had awareness on crisis intervention, the proportion of them accessing the services had steadily increased and it was reported 34.6% of them had been benefited by the service.

The two sets of data showed that the crisis intervention effort resulted in strong response from the women who were vulnerable to sex trade and also from the people who were causing the crisis in the life of the women such as police, husband/partners and power brokers.

The CBO member clear understanding of the importance of crisis intervention and technique of crisis intervention helped them to scale up their initiatives. The members of the CBO who were themselves women vulnerable to sex trade facilitated counseling services, reached out to police departments and professional social workers to redress the crisis. To

develop the crisis intervention, understanding the crisis theory could be very important [15]. The TAI stressed this crisis theory by understanding the resources and strength among the women themselves to advocate.

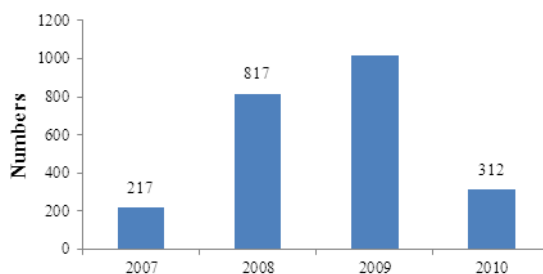


Fig 1 Women reporting of Violence

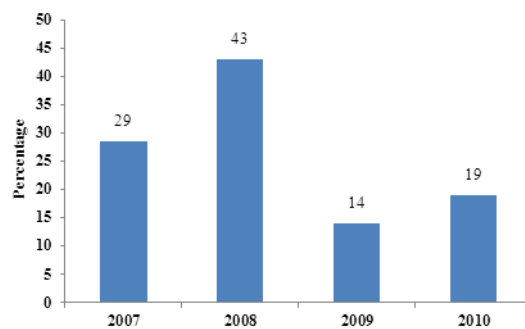


Fig.2 Perpetrators of Violence - Police

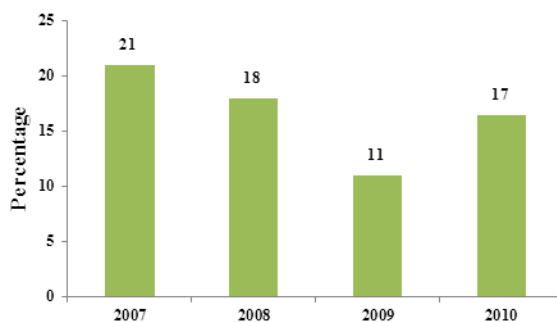
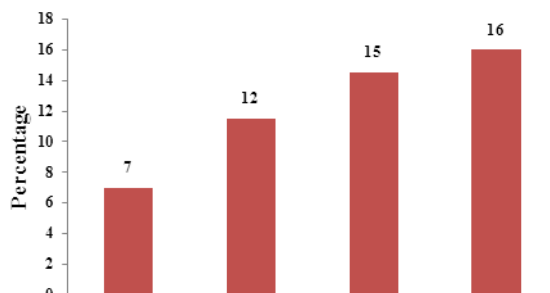


Fig. 4 Perpetrators of Violence – Power Brokers

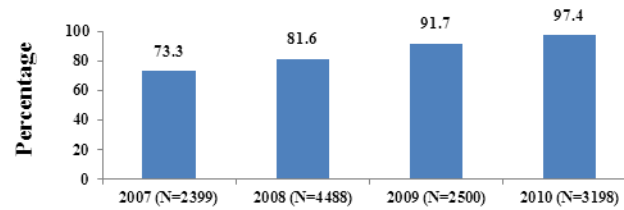


Fig. 5 Women educated on crisis intervention

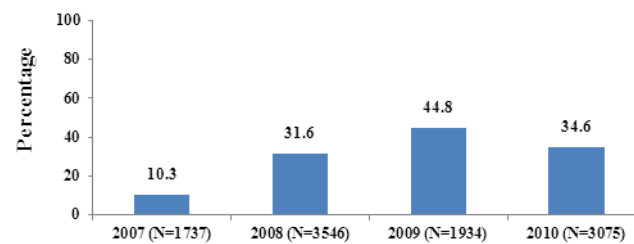


Fig. 6 Women – Benefitted by the Crisis Intervention

REPORT OF THE WOMEN BENEFITED BY THE CRISIS INTERVENTION

The number of women who accessed other services from the project TAI increased because of the crisis intervention. The women who had awareness on the crisis response service felt the need to get enrolled in the CBO and access the service when it was required in their life. They state that their self-esteem increased since they were able to advocate for themselves. The counseling services helped them to get over their emotional traumas and helped to face their challenge in life. They felt that crisis intervention is a comprehensive package of services which took care of emotions, physical, legal needs, etc.

The intervention could be sustained since it became practice among the women vulnerable to sex trade to redress the crisis immediately. The resources which could be required for such intervention were voluntary human resource, motivational exercises, training on advocacy and methods to execute and documentation. Impact assessment studies helped in tracking the performance of the interventions and the information used to strengthen the performance.

LIMITATIONS

The intervention had data only from the start of the crisis intervention hence there was no systematic documentation of crisis cases earlier. Another key limitation of this, data triangulated with the absence

of data from the control group, so as to explain whether or not the decline in the number of cases could be attributed from the intervention.

CONCLUSION

Crisis intervention is important to scale up disease prevention initiatives among the hard to reach group like the women who are hidden in the society. It is important to establish systems to help the CBOs to monitor their performance and increase their activities to make the services to reach the beneficiary. Training in crisis intervention / counseling is very pertinent and it anchors the rest of the other follow up activities of the crisis intervention.

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